



DEPARTMENT OF ENVIRONMENT AND CONSERVATION DIVISION OF UNDERGROUND STORAGE TANKS

APPLICATION FOR PERMANENT CLOSURE OF UNDERGROUND STORAGE TANK (UST) SYSTEMS

The Responsible Party shall complete and submit an **original** application to the appropriate Division of Underground Storage Tanks Environmental Assistance Center for approval 30 days **prior** to closing **any underground portion** of an UST system. Tennessee Code Annotated (T.C.A.) §68-215-103(16) defines Responsible Party as the owner and/or operator of a petroleum site or any person who at the time of the release which caused the contamination was an owner and/or operator of a petroleum underground storage tank. T.C.A. §68-215-114(b) states that the Responsible Party shall be liable to the state for costs of investigation, identification, containment and cleanup, including monitoring and maintenance.

A copy of the approved application shall be on the premises during closure of any portion of the UST system.

For UST systems that meet current compliance standards, the application is valid for twelve months from the approval date. The approved application is non-transferable. If ownership of the UST system changes, a properly completed notification form and new application shall be submitted for approval.

Date _____ Facility I.D. Number: ____-____-____-____-____-____

1. Proposed date of UST system closure and/or line replacement _____

2. Name of Facility: _____

Street Address (No P.O. Boxes): _____

City: _____, TN Zip Code: _____

Phone Number: (_____) _____ County: _____

On-site Contact (Operator): _____

| FOR STATE USE: DO NOT WRITE IN THIS AREA | |
|--|----------------|
| REVIEW DATE: | APPROVED BY: |
| EXPIRATION DATE: | APPROVAL DATE: |

3. Name of Responsible Party: _____

Mailing Address: _____

City: _____, State: _____ Zip Code: _____

Phone Number: (_____) _____ Contact person: _____

4. Soil and/or ground water samples shall be collected. The Closure Assessment Guidelines shall be followed to determine the appropriate number, location, and depth of required samples. Laboratory analyses are based on the type of product stored. If the type of product stored is unknown, all samples shall be analyzed for Benzene, TPH-GRO, and EPH. Mark **all** the following that apply:

GASOLINE UST SYSTEMS: (Boiling Point Range 70-180⁰ F)

_____ Method 8260B for Benzene, MTBE, **AND** Tennessee Gasoline Range Organics (GRO) Method

DIESEL, KEROSENE, and/or WASTE OIL UST SYSTEMS: (Boiling Point Range 180-450⁰ F)

_____ Tennessee Extractable Petroleum Hydrocarbons (EPH) Method

If closing chemical tanks, contact the Division of Solid Waste Management at (615) 532-0780.

5. Number of tanks registered at this facility: _____

6. For all tanks to be closed, list the tank number (in accordance with the annual operating certificate), capacity, contents, primary use and date last used. Attach sheet for additional tanks to be closed.

| <u>Tank Number</u> | <u>Capacity</u> <u>(gallons)</u> | <u>Contents</u> <u>(past and present)</u> | <u>Usage*</u> | <u>Date Last Used**</u> |
|--------------------|-------------------------------------|--|---------------|-------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

* Retail, Commercial, Heating oil, Emergency generator, Residential, Farm, Other (please specify)

** Tank contained 1 inch or less of product

Type of closure: Removal _____ *** Closure-in-Place _____ (Inert material selected _____)

*** If the Responsible Party is not the property owner, then a notarized approval statement from the property owner shall be included with this Application. The statement shall include the facility address, tax map number, and parcel number.

7. For all dispensers to be closed, list the dispenser number, product(s) dispensed, and date last used. Attach sheet for additional dispensers to be closed.

| <u>Dispenser Number</u> | <u>Product(s) Dispensed*</u> | <u>Date Last Used</u> |
|-------------------------|------------------------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Type of closure: Removal_____ Closure-in-Place_____

8. If more than one line trench is present, then all trenches shall be numbered. For all lines to be closed, list the trench number, trench length (in feet based upon field measurements between tanks and dispensers, as well as, between dispenser islands), identify the product distributed through each trench, and identify piping material and type. Attach sheet for additional trenches to be closed.

| <u>Trench Number</u> | <u>Trench Length</u> | <u>Product Distributed</u> | <u>Piping Material*</u> | <u>Type**</u> |
|----------------------|----------------------|----------------------------|-------------------------|---------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

(List all that apply)

| | | | |
|----|------------------|----------------------|------------------|
| * | Steel = ST | Flexible Hose = FLEX | Fiberglass = FRP |
| ** | Single Wall – SW | Double Wall = DW | |

Type of closure: Removal_____ Closure-in-Place_____

9. Name of laboratory:_____

10. Company/Person performing the UST system closure:_____

Phone number:(_____) _____

11. Company/Person obtaining soil/ground water samples:_____

Phone number:(_____) _____

12. All excavated material remaining on the site of generation or on a site owned by the generator or subsidiary of the generator shall be placed on plastic, covered with plastic, and bermed. If practical, the material should be segregated according to soil conditions. Proper screening and sampling of the excavated material in accordance with Technical Guidance Document - 005 shall be completed to determine if soil treatment will be necessary. All excavated material shall be considered contaminated until laboratory sample analyses indicate the material is below minimum cleanup levels.

If petroleum contaminated material is to be managed in accordance with Technical Guidance Document-009, the appropriate Application to Treat Petroleum Contaminated Soil shall be completed and submitted to the appropriate Environmental Assistance Center for prior approval. If the contaminated material is to be treated on a site owned by a Third Party, contact the Tennessee Division of Solid Waste Management for approval.

Give the location/address where contaminated soil will be stockpiled:

Name of Facility/ Property Owner:_____

Address:_____

13. Describe how the contaminated soil will be treated: _____

14. Give the location/address where the contaminated soil will be treated:

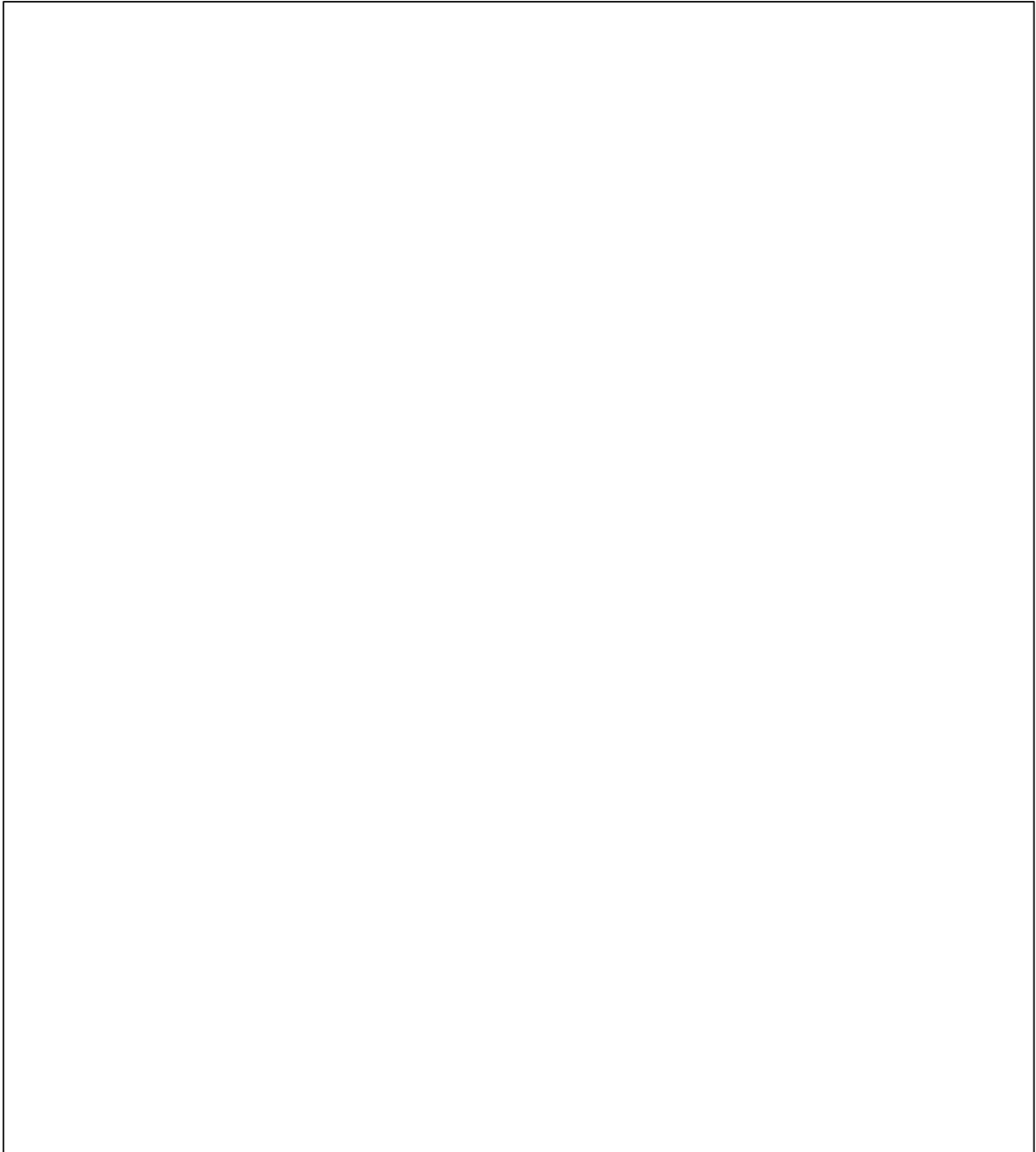
Name of Facility/ Property Owner:_____

Address:_____

15. Describe where and how all contaminated water will be treated and disposed: _____

If water is encountered, a maximum of 500 gallons can be removed and properly managed without notifying the Division. If more than 500 gallons of water is encountered, then UST personnel at the appropriate Environmental Assistance Center shall be contacted.

16. A site map shall be provided depicting on-site buildings, the location of the underground storage tanks, associated lines and dispensers, sampling points, underground utilities, surface water within 500 feet of the site, and property lines. Identify the nearest intersecting roads. All tanks, line trenches, and dispensers shall be numbered in accordance with numbers 6, 7, and 8, above. A permanent fixed point must be identified and a distance from the fixed point to the UST system(s) shall be provided. The site map shall include a north arrow. **THE APPLICATION WILL NOT BE PROCESSED WITHOUT THE MAP.**



I, (print) _____, Responsible Party for the petroleum UST system(s) at this facility, agree to submit, within 60 days of collecting the samples, the analytical results for the UST system closure. I am aware of and understand the requirements for permanent closure of regulated petroleum underground storage tanks and what my responsibilities are under the law. I will resolve all environmental problems resulting from a release from the UST system(s) at this site.

I certify under penalty of law, including but not limited to penalties for perjury, that the information contained in this form and on any attachments is true, accurate and complete to the best of my knowledge, information and belief. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for intentional violations.

UST System Responsible Party or Responsible
Party's Authorized Representative (Print name)

Signature

Date

STATE OF _____ COUNTY OF _____

Sworn to and subscribed before me by _____ on this date

_____. My commission expires _____.

Notary Public (Print name)

Signature

Date

Stamp/Seal